

## MANIFEST INSTRUCTIONS

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N.H. Dept. of Environmental Services  
Waste Management Division

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 min. for transporters and 10 min. for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief Information Policy Branch, PM,112, US Environmental Protection Agency, 401 M St. S. W., Washington, D. C. 20460 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

### **IMPORTANT: READ ALL THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

The Uniform Hazardous Waste MANIFEST is designed to track waste from point of generation to final disposal ("cradle to grave"). To accomplish this goal, it is essential that the manifests be completed correctly. Incomplete, incorrect or illegible manifests are violations of the law and could result in civil or criminal liabilities as specified under New Hampshire hazardous waste management regulations. Under State and Federal regulations, Generators, Transporters and Treatment Storage & Disposal Facilities (TSDF's) must use this form for all shipments of hazardous waste. The NH manifest contains 8 copies and is designed for use on a 12 pitch (elite) typewriter. A ball point pen may be used, but must be pressed down HARD. The 8 copies must be filed with the appropriate party as they are completed. All copies must be legible.

NOTE: For interstate shipments, you may be required to comply with the manifesting requirements of both the destination and generator states regarding the completion of specific information included in lettered items A-K. You may wish to contact States for more information on this subject.

### **COPY DISTRIBUTION:**

**Copy 1: DESTINATION STATE-MAILED BY FACILITY:** This original stays with the shipment until acceptance by the facility. After completion of the facility section, the facility mails this copy to the State where the facility is located.

**Copy 2: GENERATOR STATE-MAILED BY FACILITY:** After completion of the facility section, the facility mails this copy to the state where the waste was generated.

**Copy 3: GENERATOR COMPLETED COPY:** After completion of the facility section, the facility mails this copy to the Generator of the waste. This copy must be retained on-site with hazardous waste records.

**Copy 4: FACILITY COPY:** After completion of the facility section, the facility retains this copy with on-site records.

**Copy 5: TRANSPORTER 1:** After completing the transporter section of the manifest, transferring the waste to the facility and obtaining the facility signature on the manifest, this copy is retained with transporter records.

**Copy 6: DESTINATION STATE-Mailed by Generator:** Within five days of transferring the waste to the transporter, the generator must mail this copy (with the Generator and Transporter sections completed} to

the State where the designated facility is located.

**Copy 7: GENERATOR STATE-Mailed by Generator:** Within five days of transferring the waste to the transporter the generator must mail this copy (with the Generator and Transporter sections completed) to the State where the waste was generated.

**Copy 8: GENERATOR:** After the Generator and Transporter sections of the manifest have been completed and the waste has been transferred to the Transporter, the Generator retains this copy of the manifest with his/her records.

**GENERATOR SECTION:**

**ITEM 1: GENERATOR'S US EPA ID NO.** Enter the US EPA 12 character ID number, MANIFEST DOCUMENT NO. Enter a UNIQUE 5 digit number for this manifest. Use of the serially increasing numbers (eg. 00001,00002, ect.) is recommended.

**ITEM 2: PAGE 1 OF \_\_\_\_** Enter the total number of pages used to complete this manifest, i.e., the first form plus continuation sheets, if any.

**ITEM A: STATE MANIFEST DOCUMENT NO.** Number preprinted by NH except on Continuation Sheets. Enter this number on each Continuation Sheet attached to or part of the manifest under item L.

**ITEM 3: GENERATOR'S NAME & MAILING ADDRESS-**Enter the name (as notified to EPA) and mailing address of the Generator. This should be the location where the returned manifests will be managed.

**ITEM 4: GENERATOR'S PHONE NUMBER-**Enter the telephone number with area code where the Generator or his authorized agent can be reached in an emergency.

**ITEM B: STATE GENERATOR ID-**Enter the street address and city where the waste is being picked up. If same as mailing address enter "same".

**ITEM 5: TRANSPORTER 1 COMPANY NAME-**Enter the name (as notified to EPA) of the first Transporter.

NOTE: All hazardous waste transporters must have a valid NH Hazardous Waste Transporter Permit.

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**ITEM 6: US EPA ID NUMBER-** enter the US EPA 12 digit number of the transporter identified in item 5.

**ITEM C: STATE TRANSPORTER ID-**Enter the State of registration and license plate number of the waste carrying portion of the transport vehicle.

**ITEM D: TRANSPORTER'S PHONE-**Enter a telephone number with area code where an authorized agent of the transporter can be reached.

**ITEM 7: TRANSPORTER 2 COMPANY NAME-**Enter only if applicable. Follow the instructions for Item 5.

**ITEM 8: US EPA ID NUMBER-**Enter only if applicable. Follow instructions for item 6.

**ITEM E:** STATE TRANSPORTER ID-Enter only if applicable. Follow instructions for Item C.

**ITEM F:** TRANSPORTER'S PHONE-Enter only if applicable. Follow instructions for Item D.

**ITEM 9:** DESIGNATED FACILITY NAME & SITE ADDRESS - Enter the company name (as notified to EPA) of the facility designated to receive the waste listed on this manifest. The address must be the site address.

**ITEM 10:** US EPA ID NUMBER – Enter the US EPA 12 digit ID number of the designated facility listed in item 9.

**ITEM G:** STATE FACILITY ID'S – NOT REQUIRED

**ITEM H:** FACILITY PHONE – Enter a telephone number with area code for the designated facility.

**ITEM 11:** US DOT DESCRIPTION – All the following must be entered: The correct US DOT (Dept. of Transportation) name for the waste as identified in 49 CFR Parts 171 – 177, the assigned DOT Hazards Class, and the 4 digit UN/NA number. (Example: Waste acetone, **flammable liquid**, UN 1090.) . US DOT requires the word "waste" before or in the shipping name for all hazardous waste.

**ITEM 12:** CONTAINERS (NO. & TYPE) – Enter the number of containers for each waste and appropriate abbreviations (as listed below) for the type of container used:

DM = Metal drums, barrels, kegs	TP = Tanks, portable	CY = Cylinders
DW = Wooden drums, barrels, kegs	TT = Carto Tanks (tank trucks)	CM = Metal boxes, cartons, cases
DF = Fiberboard/plastic drums, barrels, kegs	TC = Tank cars	(incl. roll-offs)
DT = Dump trucks	BA = Burlap, cloth, paper or plastic bags	CW = Wooden boxes, cartons, cases
		CF = Fiber or plastic boxes, cartons, Cases

**ITEM 13:** TOTAL QUANTITY OF Enter the total quantity of waste described on each line, relative to the units used in Item 114.

**ITEM 14:** UNIT (WT./Vol.) Enter the appropriate abbreviations as listed below:

P = Pounds	G = Gallons (liquids only)	T = Tons (2000 lbs)
K = Kilograms	L = Liters (liquids only)	Y = Cubic Yards
M = metric tons (1000 kg)	N = Cubic Meters	

**ITEM I:** EPA WASTE NO. – Enter the four digit EPA waste number, as the number appears in 40 CFR Part 261 subparts C & D. When multiple waste codes are applicable, the waste code which represents the greatest concentrations of the waste shall be used. Enter other applicable waste codes under item J. If there is no EPA waste number enter "none". **DO NOT LEAVE BLANK.** STATE WASTE NO. – If applicable, enter the Destination State waste number. If there is no Destination State waste number, enter the NH waste number from chapter ENV-WM 400. If there is both a Destination and NH state waste number, enter the Destination State waste number here and the NH state waste number under item J. If there is no State waste number enter "NONE".

**ITEM J:** ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE – For each line in item 11 enter the chemical name, constituent percentages for any waste which has a US DOT shipping name ending in "n.o.s."; the chemical name, constituent percentages and physical state for wastes which do not

have a US DOT shipping name; components of hazardous waste mixtures with the waste number NH11; the specific gravity or weight per unit volume for wastes shipped in units of volume; any other applicable EPA or State waste numbers; and the words "to be recycled" for wastes which are destined for recycling.

**ITEM 15: SPECIAL HANDLING INSTRUCTIONS & ADDITIONAL INFORMATION** – Use this space to indicate special transportation, treatment, storage, disposal or Bill of Landing information. **If an alternate facility is designated, enter it here.** For INTERNATIONAL SHIPMENTS, generators must enter the point of departure here (City & State from the U.S. through which the waste must travel before entering a foreign country). This space shall also be used for emergency response numbers and other information the Generator wishes to include about the shipment.

**ITEM 16: GENERATOR CERTIFICATION** – The Generator must read, sign (by hand) and date the certification (with date of transfer to the transporter.) Both copy 1 and copy 2 must be signed and dated. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water or air) inserted in the space below. If another mode **in addition** the highway mode is used, enter appropriate mode (eg."and rail") in the space below.

## **TRANSPORTER SECTION**

**ITEM 17: TRANSPORTER 1 ACKNOWLEDGMENT** – Print or type the name of the person accepting the waste on behalf of the 1<sup>st</sup> transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt on both copy number 1 and copy number 2 of the manifest.

**ITEM 18: TRANSPORTER 2 ACKNOWLEDGEMENT** – If applicable, follow instructions for Item 17 for Transporter 2.

## **DESIGNATED FACILITY SECTION**

**ITEM K: Handling Codes** – Receiving Facility should complete. If final disposition is to occur at your facility, enter the appropriate handling code from 40 CFR Part 264, Appendix I, Table 2 for each waste listed in item 11 under "Final." If final disposition will not occur at your facility enter the ultimate handling code used at your facility under "Interim" and the final handling code which is **intended** for each waste under "Final."

**ITEM 19: Discrepancy Indication Space** – The Receiving facility shall note any significant discrepancy between the waste described on the manifest and the waste actually received at the facility.

**Rejected Shipments.** If an entire shipment is rejected, the facility shall sign and date the manifest here and note "Shipment Rejected" and the ultimate destination of the waste. The shipment shall either be returned to the generator or shipped to an approved alternate facility. Any partial rejected items shall be noted here. Reference Env-WM 704 for details

**ANY APPLICABLE DISCREPANCY OR EXCEPTION REPORTING REQUIREMENTS MUST BE COMPLIED WITH – STATE AND FEDERAL REGULATIONS VARY.**

**ITEM 20: FACILITY OWNER OR OPERATOR CERTIFICATION** – Print or type the name of the person accepting the waste on behalf of the owner/operator of the designated facility. That person must acknowledge acceptance of the waste described on the manifest by signing (by hand) and entering date of receipt. The signature of the authorized facility agent indicates acceptance (except for items specified in block 19) and agreement with statements on this manifest.